

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 16786861 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2	1						
3		7					
4		7					
5		7					
6		7					
7		7					
8		2					
9		7					
10	1						
11							
12		7					
13		2					
14		2					
15		2					
16		2					
17	1						
18							
19	1						
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49							
50							
TOTAL IND.	16						
TOTAL DEP.	30						
TOTAL CLAIMS	46						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						